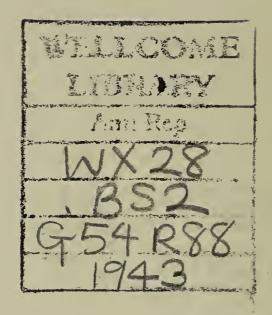
ROYAL SAMARITAN HOSPITAL FOR WOMEN GLASGOW

MEDICAL REPORT

1943





ROYAL SAMARITAN HOSPITAL for WOMEN GLASGOW.

(Incorporated by Act of Parliament.)

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MEDICAL AND OTHER OFFICERS.

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JOHN GARDNER, M.D., F.R.F.P.S.G., F.R.C.O.G.

Surgeons.

DONALD M'INTYRE, M.B.E., M.D., F.R.C.S.E., F.R.F.P.S.G., F.R.C.O.G., L.M., F.R.S.E.

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†ARCHIBALD M'LELLAN, B.Sc., M.B., Ch.B. †WALLACE M. DENNISON, M.B., Ch.B., F.R.C.S. (Ed.) ARTHUR M. SUTHERLAND, M.D., F.R.F.P.S.G, M.R.C.O.G. ROBT. J. WOTHERSPOON, M.B., Ch.B., M.R.C.O.G. AGNES M. STEWART, M.B., Ch.B., M.R.C.O.G.

Extra Dispensary Surgeon. †C. J. MACKINLAY, M.B., Ch.B.

Consulting Pathologist. †H. L. SHEEHAN, D.Sc., M.D., M.R.C.P.

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ARTHUR M. SUTHERLAND, M.D., F.R.F.P.S.G., M.R.C.O.G.

Assistant Pathologist.
AGNES M. STEWART, M.B., Ch.B., M.R.C.O.G.

Consulting Radiologist.
S. D. SCOTT PARK, M.B., Ch.B., D.M.R.E. (Camb.).

Radiologist.
W. D. C. M'CRORIE, M.B., Ch.B., D.M.R.E. (Camb.).

Anaesthetists.

NEIL M. HUTCHISON, M.B., Ch.B.
HERBERT H. PINKERTON, M.B., Ch.B., F.R.F.P.S.G.,
D.A. (R.C.P. & S. Eng.).

GLADYS M. DEWAR, M.B., Ch.B.

J. CLIFFORD EASSON, M.B., Ch.B., D.A. (R.C.P. & S. Eng.).

Matron Miss RENNIE

LECTURESHIP.

Associated with the Hospital.

University Lectureship (The Royal Samaritan Lectureship in Gynaecology)—

DONALD M'INTYRE, M.B.E., M.D., F.R.C.S.E., F.R.F.P.S.G., F.R.C.O.G., L.M., F.R.S.E.

† Absent on service.

^{*} Temporary.

The Report deals with patients in the wards of the Hospital who were discharged during the year 1943. The tabulation and classification of the details are similar to those employed in previous Reports. The explanation of the system of collecting and arranging the material has not been reprinted.

613 patients were treated in E.M.S. Hospitals by arrangement with the Department of Health. These patients were all operated upon by members of the staff of the Royal Samaritan Hospital for Women.

TABLE I.

Total r	umber c	of patier	nts	•••	•••	• • •	3;890*
,,	,,	opera	tions	•••	• • •	• • •	3,668
Mortali	ity	•••	•••	•••	•••	•••	.72%
		* Correc	ted for	readmis	ssions.		

TABLE II.

ETIOLOGICAL FACTORS.

Etiological Factors involved in the production of the pathological lesions detailed in Table V.

(The total here does not correspond to the number of patients, as frequently more than one factor is present.)

as frequently more than one factor is present.)	
Total number in which infection associated with child	
bearing was an etiological factor	561
Total number in which infection unassociated with child	
bearing was an etiological factor	440
Total number in which injury associated with child	
bearing was an etiological factor	1,220
Total number in which newgrowth (tumour or cyst) was	
present	577
Total number where error of development appears	294
Total number where cause does not belong to above	
groups	1,246
No appreciable disease of genital organs	

TABLE III.

Showing incidence of various combinations of Etiological Factors in individual cases analysed according to following numbered list:—

- 1. Infection associated with child bearing.
- 2. Infection unassociated with child bearing.
- 3. Injury associated with child bearing.
- 4. Newgrowth (tumour or cyst).
- 5. Error of development.
- 6. Other than the above causes.
- 7. No appreciable disease.

ı	•••	• • •	323	2 and 6			42
2	•••	•••	316	3 and 4	• • •	• • •	38
3	•••	•••	933	3 and 6	• • •	• • •	38
4	•••	•••	448	4 and 5	• • •	• • •	4
5	•••	• • •	254	4 and 6	•••	• • •	32
6	•••	•••	1,083	5 and 6	•••	•••	· 16
7	•••	•••	-50	I , 2 and 3	•••	•••	Ţ
I and 2	•••	•••	7	I, 2 and 6	•••	•••	I
I and 3	• • •	•••	171	1, 3 and 4	•••	• • •	6
I and 4	•••	••••	21	1, 3 and 6	••• =	•••	2
I and 6	•••	•••	29	2, 3 and 4	•••	• • •	2
2 and 3	•••	•••	27	2, 4 and 6	•••	• • •	I
2 and 4	•••	•••	23	3, 4 and 6	•••	•••	2
2 and 5	•••	•••	20				

TABLE IV.

OPERATIONS.

Total operations by the abdominal route	• • •	367
Total operations by the perineal route	• • •	3,320
· ———		
Abdominal operation alone	• • •	344
Abdominal operation plus minor vaginal operation	•••	23
Major vaginal operation alone	• • •	445
Minor vaginal operation alone	•••	2,852
Operations not classifiable under above	• • •	4
Total		2 668
Total	•••	3,668
*Remainder (treatment under anaesthesia other	than	
operative)	• • •	28
Examination under anaesthesia	•••	70
No operation performed	• • •	140
		•

In some cases a patient has undergone more than one operation.

TABLE V.

PATHOLOGICAL CONDITIONS.

This list records the different lesions encountered in the 3,890 patients under consideration, and, like Table II., the total number does not correspond to the number of patients, as, in one patient, two or even three different lesions may be present.

^{*} Insertion of Pessary, correction of malposition, etc.

Schedule Number	Disease	Number of Cases.	Average Age.	Number Married.
chec		Tum	vere	[um]
<u> </u>		4	<u> </u>	
	*		A. REG	IONAL.
		•	~	Vulva.
2	Imperforate hymen	9	27	7
3 8	Adhesion of labia	I	26	I
	Ulceration (benign)	I	· 29	I
9 10	Condylomata (gonorrhoeal) Acute inflammation of Bartholin's	· I	23	I
10	gland	I	27	I
· II	Abscess of Bartholin's gland	10		10
14	Eczema	I	39 48	I
15	Pruritus	5	39	5
16	Leukoplakia	5 6	52	5 5
20	Hypertrophy of labium minus	5	36.	4
21	Fibroma	I	34 48	
23	Papilloma (benign)	3	48	·I
25	Sebaceous cyst	·I	29	I
26	Epithelioma	4	64	4
27	Adeno-carcinoma Melanoma	I	70 66	I
29 21	Melanoma Cyst of Bartholin's gland (or duct)		36	I 7
31 32	Haematoma	_	32	7 I
36 36	Unclassified (diseases restricted to		34	_
3.	vulva)	13		• • •
				VAGINA
37	Stenosis of vaginal orifice (congenital)	73	29	70
37 38	Atresia of vagina	100	39	I
40	Vaginal septum (congenital)	2	27	2
41	Vaginal cyst (Gartner's duct)		46	2
42	Vaginismus	108	29	3 81
45	Chronic vaginitis		34	
46	Senile vaginitis Stenosis of vagina (inflammatory in		58	15
. 47	origin)	_	51	I

Percentage.	Average Number of Children.	Average G G Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number of days in Hospital.	Number of cases in which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
100 100 100 70 100 80 67 60 33 100 100 100 100 100 100 100	I 2 3 3 3 I 2 5 4 8 2 I	 2·25 ·25 ·25 ·33 	I I 9 21 12 13 11 8 3 28 43 20 3 2	9 1 1 8 4 1 10 1	12 14 14 12 24 21 3 15 19 25 11 20 21 46 44 19 22 21	9 1 1 10 1 4 5 4 1 2 4 1 10 	3 3 2 2 3 1 1	I I	
5 100 49 82	2 5 2 4	 	6 10 9	73 1 2 2 2 91 13	15 8 17 33 15 17 18	60 I 2 2 3 62 I2	29 I 62 7	2 6 I	
I00.	5	I	14		17	I	1	•••	•••

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

Schedule Number.	Disease	Number of Cases.	Average Age.	Number Married.
50	Foreign body in vagina (including		<i>C</i> -1	VAGINA
	neglected pessaries)	4	65	4
54	Fibroma	2	39	2 I
5 5	Fibromyoma	·I	4I 32	I
50	Vaginal cyst (neoplastic) Epithelioma	3	54	3
54 55 56 57 58	Unclassified (diseases restricted to	J	34	3
20	vagina)	4	•••	• • •
	-			Ŷ.
				UTERUS
60	Absence of uterus	4 -	23	I
61	Underdevelopment of uterus—major			
	degree (including rudimentary and	0	- (
_	infantile uterus)	8	26	5
62	Underdevelopment of uterus—minor			
	degree (including cases of acute anteflexion with dysmenorrhoea			
	1 , 11.	T70	26	129
62A	Primary dysmenorrhoea without	170	20	. 129
02A	underdevelopment of uterus	170	25	77
62B	Sterility where no pelvic abnormality	-/-	-5	: //
020	is present	239	29	239
67	Atresia of cervix		2Ĭ	, I
68	Membranous dysmenorrhoea	I 2	18	· · ·
70	Chronic corporeal endometritis	33	32	31
71	Senile endometritis	2 5 8	59	2
72	Senile endometritis with pyometra	5	63	2 5 8
73	Tuberculosis of endometrium	8	31	
74	Chronic cervical endometritis	158	35	145
75	Chronic endometritis and endocer-	4	25	
-6	vicitis Cervical erosion	4 795	35 33	725
76	Cervical erosion and endocervicitis	793 4	31	1 4
77 80	Inflammatory hypertrophy of vaginal	7	3-	, T
- 00	cervix *	46	41	46
	1			

	PA	Rous		ss in was	or of	ii ss	s in onal	cases in lditional present.	hs.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
Contd. 100 100 100 100 100	6 2 4 4 7	 .75 .50 2 1.33	30 9 3 7 10	3 2 1 1 2	24 18 22 21 30	2 I 2	I 2 I 2	I	
•••	•••	•••	•••	2	5 7	8	•••	•••	···
3		2 ·76	2	168 169	9 10	157 163	44 25	2 I	
22 88 100 100 89	·78 4 7 6 3	·63 ···· ·90 I ·40 ···	4	236 1 2 33 2 5 8 156	9 12 12 13 15 32 11 16	218 2 25 1 2 5 93	36 I II II 4 5 92	I 4 I I3	
100 81 100	3 4	·75 ·38 ·25	6 6 4 9	4 789 4 45	14 15 19 21	2 540 3 27	2 388 2 29	 50 9	

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

	·			
Schedule Number.	Disease	Number of Cases.	Average Age.	Number Married.
	•			UTERUS
8 ₃ 8 ₄	Simple general hypertrophy of uterus Elongation of vaginal cervix (con-	5	40	5
85 & 86	genital) Fibromyoma of body of uterus single-	I	49	I
87 & 88	subserous Fibromyoma of body of uterus single-	34	37	31
89 & 90	intramural Fibromyoma of body of uterus single-	45	42	33
91 & 92	submucous Fibromyoma of body of uterus single-	23	43	18
92 & 92	intraligamentary Multiple fibromyomata of uterus	6 96	38 43	5 73
95 & 94 95 96	Fibromyoma of cervix Fibromyoma of cervix, with non-	6	44	4
9° 97	malignant secondary change Mucous polypus of body	5 20	39 45	5 17
97 98 99	Mucous polypus of cervix Fibroid or fibro-adenomatous polypus	96	47	82
100	of body Fibro-adenomatous polypus of cervix	9 3	43 46	8 3
101	Adeno-myoma	4	46	3
102	Sarcoma of body of uterus	2	57	2
105A	Carcinoma of cervix—Stage I	14	49	13
105B	,, Stage II	II	47	II
105C	Stage III	10	51	9
105D	Metropathia haemorrhagica and	3	49	3
106	functional haemorrhage	428	39	351
107	Adenocarcinoma of body of uterus	25	54	22
110	Delayed involution—superinvolution	8	33	8
III	Chronic subinvolution	27	33	27
114	Abortion—threatened	4	32	4 40
115	Abortion—incomplete	43	3-	. 40

	Par	ROUS		cases in tion was	oer of al.	cases in was	cases in Iditional resent.	cases in Iditional present.	ths.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cas which lesion w primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
Contd.	1	e modern m							
100	4	1.20	. 3	5	14	2	2	I	- • • •
•	•••	•••	•••	I	18	I	I	•••	•••
56	2	1.00	9	33	19	22	14	I,	•••
49	2	.50	10	43	22	40	II	4	I
65	3	•20	13	23	27	19	8	•••	•••
67 43 67	3 1 , 4	·29 ·50	10 13 12	6 93 6	25 24 26	6 91 5	1 23 2	7	3
60 65 80	5 4 3	 •38 •55	11 16 14	5 20 96	17 13 14	5 11 67	1 9 37	 3 12	1 3
78 67 75 100 93 100 80	4 5 4 2 4 6 5 5	 I·33 ·50 ·54 ·55 ·50 ·67	12 13 9 18 14 15 13	9 3 4 2 11 5 8 1	13 12 22 30 33 31 29 42	8 3 4 2 13 11 10 3	 I I I 2	I I	 I
73 62 100 100 100	3 3 2 3 1 2	.53 .19 1.13 .74 .25 1.05	9 22 2 5 1 2	414 23 8 26 41	12 33 9 14: 10	402 24 8 21 4 42	94 2 3 9 4	9 4 I	I I

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

Schedule Number.	DISEASE	Number of Cases.	Average Age.	Number Married.
116	Abortion—missed Chorion epithelioma, with multiple	6	29	UTERUS 6
124	lutein cysts Unclassified (diseases restricted to	I	. 45	I.
*#4	Unclassified (diseases restricted to uterus)	7	•••	•••
				Tubes
132	Hydrosalpinx	8	37	8
133	Salpingitis	8 8	34	7
246	Acute salpingo-oöphoritis without pus			į
248	formation Chronic salpingo-oöphoritis—with pus	I	28	I
	formation Chronic salpingo-oöphoritis—with pus Chronic salpingo-oöphoritis—without	4	28	3
249	pus formation	32	29	20
250.	Salpingo-oöphoritis of tuberculous	34	29	30
	origin	22	29 [.]	16
139	Tubal pregnancy—unruptured and			
141, 142	without mole-formation Tubal pregnancy, with mole formation,	2	27	. 2
and 143	tubal abortion, or tubal rupture	TO .	28	IO
148	Unclassified (diseases restricted to	10	20	, 10
.0	Fallopian tubes)	I		
148A	Occluded tubes (according to tubal	0 -	•	0
	insufflation)	83	30	83
				OVARIES
154	Small cystic degeneration of ovary	37	35	32
155	Simple serous cyst	25	35	21
156	Cyst of corpus luteum	5	34	4
157 & 158		23	38	20
159	Pseudomucinous cyst-adenoma, with malignant transition		10	
	malignant transition	3	40	2
-				

	Par	ous		cases in tion was	er of	ss in	s in ional	cases in Iditional present.	hs.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
Contd.									
100	Ι	•50	Ι	5	12	6	• • •	•••	• • •
100	3	•••	10	ı	57	ı	I	• • •	•••
•••	•••	•••		•••	•••	•••	•••	•••	•••
25 38	3 I	1.20 1.00	7 9	7 . 7	23 31	3 8	2 2	3. I	•••
100	I	•••	9	•••	27	r	• • •	•••	• • •
75 ·	3	.67	5	4	68	4		•••	•••
59	2	•26	6	25	22	27	10	3	I
9	•••	1.00	2	21 .	33	20	4	I	•••
100	I	•••	I	2	24	2		• • •	. •••
100	I	.40	2	10	22	10	I	•••	•••
•••	•••	(***	•••		•••	•••		• • •	•••
20	I	·41	_6	83	10	57	28	4	•••
65 56 80 7 8	2 2 1 2	·38 ·36 ·50 ·44	8 ,8 :7 10	35 23 5 23	21 26 23 23	16 18 2 22	23 11 3 5	4 2 	I I 2
67	2		19	3	16	3	′		1

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

Schedule Number.	Disease	Number of Cases.	Average Age.	Number Married.
161 & 162 163 165 169 171 172 174 179 182	Serosal cyst-adenoma Serosal cyst-adenoma, with malignant transition Dermoid cyst Tarry cysts of ovary (endometrioma) Carcinoma—primary Carcinoma—metastatic Fibroma Haematoma circumscribed Unclassified (diseases restricted to ovaries)	5 1 9 18 .9 2 2 5 2 LIGAME	48 59 34 36 45 36 59 35	OVARIES 5 1 5 14 5 2 1 3
183 184 185 186 187 191	Fimbrial cyst Epoophoritic cyst (parovarian) Pelvic cellulitis Pelvic cellulitis, with abscess formation Pelvic peritonitis Serosal cyst-adenoma of ovary in broad ligament Varicocoele of broad ligament Unclassified (diseases restricted to ligaments, peritoneum and cellular	6 4 12 2 4 I I	32 34 28 52 31 57 39	6 4 11 2 4 1
201 205 206	Chronic nephritis Acute cystitis Chronic cystitis	5 1 2 8	34 41 41	URINARY I 2 7

	PAR	ous	•	cases in tion was	er of 1.	es in	es in ional nt.	es in ional sent.	ths.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
<u> </u>	AZO	AZZ	AN PR	X \$ & \(\)	Q P	ZFA	Z & al		<u>Z</u>
Contd.						·			
100	2	·40	13	5	23	5	•••		•••
100 44 50 22 100	3 2 2 3 5	 1·25 ·22 ·50	31 8 10 5	1 9 18 9 2	49 · 26 24 32 16	1 8 9 8 2	 3 11 1	 I	 I I
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^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

TABLE

Schedule Number.	Disease	Number of Cascs.	Average Age.	Number Married.
207 216 219 222 227	Pyelitis	5 1 52 1	34 39 52 63	URINARY 4 1 51 1
232	Fibro-adenoma	I	. 35	BREAST
238	Underdevelopment of complete genital tract	MAL	B. GE FORMATI 29	NERAL ONS AND
245 256	Acute inflammation of genital tract not puerperal in origin Unclassified (but belonging to diseased conditions resulting from infection)	Dise 1 3	48 	I

					,				
	Ран	ROUS		s in was	r of	s in	s in onal	s in onal ent.	1S.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
TRACT	—Contd.								
60 100 87 100	2 4 4 3	 3·00 ·71 	8 3 19 23	3 51 1	17 14 17 14	3 1 32 1	1 20 	1 13 	•••
•••		•••	•••	•••		•••			• • •
•••	•••	•••	•••	Ι	17		Ι	•••	
	.)								
Error	s of Dev	ELOPM	ENT						
•••	•••	·	•••	I	10	•••	I	```	•••
RESUL	TING FRO	m Infe	CTION						
100	5	I.00	8	I	55	•••	I	• •••	•••
									•••

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

				TADLE
Schedule Number.	Disease	Number of Cases.	Average Age.	Number Married.
	Obste	TRIC AND	OTHER I	NJURIES,
262	Prolapse of urethral mucous mem-		Prola	PSE AND
	brane	2	41	2
263	Perineal laceration without involvement of sphincter ani	171	43	169
263 and 267	Lacerated perineum without involvement of sphincter ani and lacerated cervix	31	38	31
263 and 271	Perineal laceration (without involve- ment of sphincter ani) and cystocele	313	·45	312
263 and 274	Perineal laceration (without involve- ment of sphincter ani) and pro- lapse with hypertrophy of vaginal			
	cervix	10	42	IO
264	Perineal laceration with involvement of sphincter ani	32	39	30
265	Vaginal laceration	3	40	3
267	Cervical laceration	115	36	113
271	Cystocele	75	44	73
272, 273, 274, 275, and 278	Prolapse of uterus, incomplete and complete	280	51	276
			I.	

٧.	v .								
	Рат	ROUS		s in was	r of	s in	s in onal	cases in Iditional present.	hs.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
FISTUL	AE, DISP	LACEM	ENTS						
Herni	AS								
100	4	•50	, 8	2	23	2	I	I	•••
100	3	·37	10	168	23	59	105	32	2
100	3	.23	5	30	23	26	19	2	•••
100	4	.50	II	313	23	247	132	14	I
		,	•						
100	3	·40	· 7	10	23	8	3	•••	•••
100	. 4	•22	7	32	24	24	13	5	•••
100	2	.33	9	3	22	2	2	• • •	• • •
100	3	•46	6	114	20	74	65	13	•••
100	3	•23	II	74	24	52	43	5	• • •
98	: ; 4 ;	·49	16	266	25	272	80	19	5

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

Schedule Number.	Disease	Number of Cases.	Average Age.	Number Married.
		Овѕте	TRIC AND	OTHER
276	Cystocele and rectocele	221	44	221
277	Rectocele	68	43	67
282, 283, 284 and	Retrodisplacement of uterus	180	32	. 160
285 286	Retrodisplacement of gravid uterus	·I	26	I.
291	Vesico-vaginal fistula	3	40	3
292	Urethro-vaginal fistula	2	46	2
293	Recto-vaginal fistula	15	35	14
295	Cervico-vesical fistula	ı I	34	I
300	Inguinal hernia	-I	29	I
304	Ventral hernia, post-operative	3	44	3
307	Unclassified (but belonging to obstetric and other injuries, fistulae, dis- placements, prolapse and hernias)	10		•••
	C. DISEA	SES OU	TWITH	THE
310	Anaemia, secondary	6	34	4
316	Thrombosis femoral vein	I	38	I

	`			1	<u> </u>	1		i	
	Par	ous		ss in was	er of 1.	es in	es in ional nt.	cases in lditional present.	hs.*
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
Injur	ies, Etc.	—Con	td.					,	
100	4 .	.51	9	218	24	183	98	18	3
98	4	·33	9	68	23	27	34	16	I
73	2	•55	6	172	12	128	81	14	• • •
100	2		2	•••	8	I		•••	*
100	4	.33	10	3	23	3	•••	•••	•••
100	6	•••	12	2	55	I	I	•••	• • •
100	2	.13	6	12	20	13	2	I	I
100	5	1.00	I	I	27	I	•••		• • •
100	*	†	†	I	49		I	•••	•••
100	5 .	.33	`9	3	20	3	•••		I
	•••								•••
GENI	TAL AN	D UR	INARY	TRAC	TS				-
67	3		12	3	20		5	I	•••
100	2	2	I	I	58			I	

[†] Details not available.

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

Schedule Number	Disease		Number of Cases.	Average Age.	Number Married.
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Disea	SES OUT	WITH THE
319	Pulmonary embolism	•••	2	56	. 2
320	Cerebral haemorrhage	•••	I	63	I
326	Myocardial degeneration	• • •	I	44	I
327	Valvular disease of heart	•••	I	37	I
329	Bronchitis	•••	2	59	2
331	Pneumonia	•••	2	42	2
335	Neurosis	•••	I	35	I
337	Diabetes	•••	9 -	47	.9
338	Excessive deposit of fat (obesity)	•••	I.	58	I
339	Panniculitis	•••	I	42	I
348	Sciatica—Neuritis	•••	I	35	I
350	Haemorrhoids	•••	12	42	12
354	Anal fissure	•••	3	38	3
356	Coccygodynia	•••	2	32	2
357	Ischio-rectal abscess	• • •	I	41	I
				1	

V •									` <u> </u>
	Par	ous		cases in tion was	er of	ss in	ss in ional nt.	s in ional sent.	*.sd
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present.	Number of Deaths.*
GENIT	AL AND	Urina	RY TRAC	TS—Co	ntd.				
100	4	•••	24	2	30	•••	I	I	I
100	6	• • • -	24	I	34	•••	•••	I	•••
100	6	•••	10	•••	25	• • •	I	•••	• • •
100	8	1.00	I	ı	22	I	•••	•••	• • •
50	6	3.00	38	•••	18	•••	2	• • •	• • •
50	5	1.00	4	2	18	•••	I	I	I
100	4	•••	7	•••	10	I	•••	I	•••
89	6	.63	II	5	22	5	4	I	• • •
100	7	•••	19	•••	II	I	• • •		•••
• • •	•••	•••	• • • -	•••	II	I	•••	•••	•••
100	4	•••	.7		10	•••	•••	I	•••
84	4	.10	10	12	23	3	5	4	•••
iòo	I		II	3	18	2	2	I	• • •
50	2		I	2	25	2	I		•••
100	3	2.00	. 2	I	28	I	•••		•••

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

				IMBLE
Schedule Number	Disease	Number of Cases	Average Age	Number Married
		Disease	s OUTWI	тн тне
358	Diverticulitis	I	70	I
360	Chronic appendicitis	9	32	7
361	General peritonitis	I	24	•••
362	Carcinoma of alimentary tract	8	60	7
363	Carcinoma of alimentary tract, with metastatic growth in genital tract	I	47	I
373	Unclassified (but belonging to diseases outwith the genital or urinary tracts)	21	•••	
	D. CONDITIO	NS NOT	CLASSI	FIABLE
374	Normal pregnancy	49	31	47
375	No appreciable disease	. 50	35	33
376†	No diagnosis supplied	II	37	9
1 771	e majority of the patients in this con	- 1 C		

[†] The majority of the patients in this group left hospital before a diagnosis was made.

	PAR	ous		ss in	er of	es in	es in ional nt.	s in ional sent	hs.*	
Percentage.	Average Number of Children.	Average Number of Miscarriages.	Average Number of years since last Pregnancy.	Number of cases in which operation was performed.	Average Number days in Hospital.	Number of cases which lesion was primary.	Number of cases in which one additional lesion was present.	Number of cases in which two additional lesions were present	Number of Deaths.*	
GENIT	AL AND	URINA	RY TRAC	TS—Co	ntd.		·			
•••	•••	•••	•••	•••	17	I	I	•••	• • •	
56	3	1.20	3	8	26	5	6	•••	• • •	
•••	•••	•••	•••	I	27	I.	•••	•••	•••	
75	3	•33	24	4	16	6	. 3	•••	I	
100	7		4	. I	21	•••	I	•••	• • •	
•••	•••	•••	•••	•••		•••	•••	•••		
							-			
UND	ER A, B	OR C								
100	2	.65	2	15	II	41	12	I	2	
56	2	•96	7	33	8	50		•••	•••	
36	9	.50	16	I	5	II	•••	•••	•••	

^{*} Deaths are shown opposite primary, additional and terminal conditions, i.e., opposite each pathological lesion when more than one was present in the same patient.

TABLE VI.

FATAL CASES.

A brief summary of each fatal case is given. An asterisk indicates that a post-mortem examination was performed.

- 1. Aged 56. Lacerated cervix, cystocele and rectocele. Dilatation and curettage, repair of cervix, anterior colporrhaphy and colpo-perineorrhaphy performed. Five days later secondary haemorrhage occurred and wound was resutured. Patient died four days later.
- 2. Aged 53. Prolapse of uterus and deficient perineum. Dilatation and curettage, and plastic operation for repair of prolapse performed. After operation pathological fracture of left femur found to be present. X-ray appearances suggested malignant disease. Patient died nine days after operation.
- 3. Aged 48. Cervical polypus, infected cervix and rectocele. Avulsion of polypus, cauterisation of cervix, dilatation and curettage, and colpo-perineorrhaphy performed. Patient died suddenly eighteen days after operation from pulmonary embolism.
- 4. Aged 61. Complete prolapse of uterus. On day of admission patient developed cerebral haemorrhage with hemiplegia, and died four days later. No operation preformed.
- 5. Aged 44. Multiple fibroids of uterus. Subtotal hysterectomy and bilateral salpingo-oöphorectomy performed. Patient died three days after operation from paralytic ileus.
- 6. Aged 42. Cyst of right broad ligament. Removal of cyst by abdominal route. Patient died three days later from lobar pneumonia.
- 7. Aged 74. Carcinomatosis of peritoneum with ascites. Primary lesion probably in gastro-intestinal tract. Laparotomy performed. Condition inoperable. Patient died on day following operation.
- 8. *Aged 34. Uterine fibroid with early pregnancy. Myomectomy and hysterotomy performed. The latter was necessary owing to opening of cavity to such an extent that abortion would have been inevitable. Patient died two days after operation. At autopsy death was found to be due to secondary intraperitoneal haemorrhage.

- 9. Aged 46. Multiple fibroids of uterus, mucous cervical polypus, mild chronic salpingitis and endometrioma of ovary. Subtotal hysterectomy and bilateral salpingo-oöphorectomy performed. Patient died five days after operation from pneumonia.
- 10. Aged 68. Partial prolapse of uterus, mucous cervical polypus and deficient perineum. Plastic operation for repair of prolapse performed. Patient died eighteen days after operation from pulmonary embolism.
- Anterior colporrhaphy, buttress of pubo-cervical fascia and colpo-perineorrhaphy performed. Patient died seventeen days after operation from pulmonary embolism.
- 12. Aged 62. Adenocarcinoma of uterine body. Diagnostic curettage performed. One week later radium was inserted. Patient died suddenly on day following operation with symptoms of pulmonary embolism.
- 13. Aged 45. Carcinoma of transverse colon. Laparotomy performed. Condition found to be inoperable. Patient died two days after operation with symptoms of cardiac failure.
- 14. Aged 56. Stage II carcinoma of cervix. Biopsy of cervix performed. Radium applied four days later. Patient died four days after this.
- 15. Aged 55. Complete prolapse of uterus and functional uterine bleeding. Diagnostic curettage and biopsy of cervix performed. Ten days later plastic operation for repair of prolapse performed. Patient died eight days later from coronary thrombosis.
- 16. Aged 60. Pseudomucinous cyst of ovary. Ovariotomy performed. Patient died twelve days after operation from pulmonary embolism.
- 17. Aged 44. Second degree prolapse of uterus and rectovaginal fistula in patient with mitral stenosis. Donald-Fothergill operation and repair of recto-vaginal fistula performed. Patient died thirteen days after operation from cardiac failure.
- r8. Aged 40. Bilateral ovarian carcinoma. Laparotomy performed. Condition found to be inoperable. Patient died sixteen days after operation from cachexia.

- 19. Aged 50. Ventral hernia following removal of broad ligament fibroid. Repair of hernia performed. Patient died two days after operation from cardiac failure.
- 20. Aged 40. Organic cardiac disease with marked decompensation. Five months pregnancy. Abdominal hysterotomy and sterilisation performed. Patient died fifteen days after operation from congestive cardiac failure.
- 21. Aged 24. Carcinoma of pylorus with secondary Krukenberg tumours of ovaries. Laparotomy performed. Condition found to be inoperable. Patient died on day following operation.
- 22: Aged 55. Pseudomucinous cyst of ovary. Ovariotomy performed. Patient died five days after operation from pulmonary embolism.
- 23. Aged 31. Cervical fibroid. Subtotal hysterectomy performed. Patient died four days after operation with symptoms of paralytic ileus.
- 24. Aged 43. Dermoid cyst of one ovary, pseudomucinous cyst of other ovary. Bilateral ovariotomy performed. Patient died three days after operation from paralytic ileus.
- 25. Aged 62. Cystocele, deficient perineum and mucous polypus of cervix. Dilatation and curettage, avulsion of polypus, anterior colporrhaphy and colpo-perineorrhaphy performed. Patient died eleven days after operation from uraemia.
- 26. Aged 40. Multiple fibroids of uterus, follicular cysts of ovary, chronic salpingitis. Subtotal hysterectomy and bilateral salpingo-oöphorectomy performed. Patient died four days after operation from cardiac failure.
- 27. Aged 44. Malignant tumour probably arising from ovary. Laparotomy performed. Condition found to be inoperable. Patient died shortly after completion of operation.
- 28. Aged 40. Labial cyst, cystocele and rectocele, hypertrophied and infected cervix. Patient died under anaesthesia before operation could be started. The anaesthetic used was nitrous oxide, oxygen and ether.

SUMMARY.

Case in which t	the pa	atient wa	ıs bey	ond and	l on adı	nission	l	I
Cases in which	only	y a palli	ative	operati	on for t	the cor	mfort	
of the pati	ent w	vas possi	ble	•••	• • •	• • •	• • •	4
					- 10			
Remainder.								
Cardiac failure	and j	pulmona	ry con	nplicati	ons	• • •	•••	13
Cachexia			• • •	•••				3
Paralytic ileus		• • •	•••	•••	•••			3
Haemorrhage				•••			• • •	2
Anaesthetic dea	ath	• • •	• • •	•	•••		• • •	I
Renal failure	•••						• • •	ı

Of the total, 7 cases were proved cases of malignant disease and I other was probably so, but there is no definite proof in the records.

EIGHTH ANNUAL REPORT.

PATHOLOGICAL DEPARTMENT.

JANUARY IST, 1943—DECEMBER 31ST, 1943.

General Arrangements.

The pathologists have remained the same as last year. The technician also remains unchanged. Assistance in the technical work has been rendered by Sister Imrie.

Routine Examinations.

The examinations carried out during the year were:—

Histological examinations	•••	•••	•••	1,298
Bacteriological examinations	•••	•••	•••	543
Chemical examinations	•••	• • •		5.
Tests for pregnancy	•••	•••	•••	2
		·		
Total	•••		•••	1,848

This represents an increase of 30 examinations over the previous year and is as high as the average pre-war figure.

The pathological conditions found in patients admitted to the wards are detailed in Table V.

Post-Mortem Examinations.

One post-mortem examination was performed during the year. Particulars of interest are noted in Table VI.

Museum.

A number of specimens have been retained for subsequent inclusion in the museum. For reasons of economy they have not been mounted, and at present are stored in preserving fluid, but are available for teaching. Dr. A. M. Stewart has continued the rearrangement and expansion of the collection of microscopic preparations.

Research.

The study of tuberculosis of the endometrium from clinical, pathological and bacteriological aspects has been continued by Dr. A. M. Sutherland. A paper on this work was published in the Journal of Obstetrics and Gynaecology of the British Empire (1943, L, 161).

A. M. SUTHERLAND.

EXPLANATORY NOTE WITH REGARD TO THE RADIATION TREATMENT OF MALIGNANT DISEASE OF THE CERVIX.

Until the outbreak of war our supply of radium consisted mainly of that on loan from the Radium Institute. This consisted of 2 units, each of 50 mgms. This supply was recalled in September, 1939. Another unit for treatment of cancer of the cervix (47 mgm.) became the property of the Hospital in 1934.

Until 1934 radium alone was employed and the maximum dosage used was 6,000 mgm. hours. Since the opening of the X-ray Department in 1934, the dosage has been 4,800 mgm. hours (this dosage is also assessed in r units) followed by deep X-ray therapy. For special reasons a very few cases have been treated with radium alone at the old dosage.

The method of treatment employed has been a modification of the Paris technique for the treatment of carcinoma of the cervix. With the 50 mgm. units of radium, 30 mgm. were inserted into the cervical canal and 10 mgm. into both lateral fornices. With the 47 mgm. unit, the uterine dose was 20 mgm., the remainder being inserted into the lateral fornices. Careful notes and follow-up records have been kept to date. These records, including those of patients treated with the 47 mgm. unit belonging to the Hospital, were returned each year to the Radium Officer of the Radium Institute recognised by the Radium Commission. The records were submitted with a view to publication with the results from other hospitals. This return of records ceased in September, 1939.

Of the patients treated by deep X-ray therapy as shown on pages 35 and 36, the following also had radium treatment:—

Carcinoma of cervix, Stage I.	• • •	100 cases
Carcinoma of cervix, Stage II.	•••	148 cases
Carcinoma of cervix, Stage III.	•••	91 cases
Carcinoma of cervix, Stage IV.	• • •	32 cases
Carcinoma of uterine body	•••	57 cases
Carcinoma of vagina	•••	2 cases
Recurrence of malignancy	• • •	2 cases
Sarcoma of uterus	• • •	I case
Carcinoma of ovary	• • •	I case

NINTH ANNUAL REPORT (1943).

THE RADIOLOGICAL DEPARTMENT.

There has been a marked increase in the number of cases treated by X-rays in the department, 358 cases, against 282 in 1942. Of the 358 cases, 282 were for simple conditions, chiefly functional uterine haemorrhage, and 76 were treated for malignant disease.

An analysis of the commonest form of malignancy treated shows that our results are good, although the cases are few. I would like to stress these results in view of recent criticisms, and suggestions that all forms of malignant disease should be treated under some form of central control. This analysis for cancer of the cervix, all confirmed histologically, and all treated by combined X-rays and radium shows:—

				5 year	8 year
				survival rate	survival rate
Stages I and II	•••	•••	• • •	44%	32%
Stages I, II, III and I	IV	• • •	•••	30%	25%

A detailed tabulated review is appended.

The apparatus throughout the year gave no trouble, and we had no replacements or renewals. There was an increase in the number of cases referred for X-ray diagnosis and of cases sent for treatment to the electro-therapeutic department.

(Signed) S. D. SCOTT PARK.

A detailed report of the work of the department follows:—
1943.

		210			
			(Cases	Attendances
Deep Therapy		• • •	• • •	358	2,528
Diathermy	• • •	• • •	•••	73	I,050
Sunlight	•••	• • •	•••	12	87
Radiant Heat		•••	•••	26	198
Therapy Clinic Rep	orts	•••	• • •		1,046
Diagnostic X-rays	•••	• • •	•••	326	836 Films
Deep X-ray Therap	y Tub	e 970	hrs.—	2,948 hr	s. = 1,978 hrs.
Mercury Vapour Bu					

DEEP X-RAY THERAPY.

1	2.	1			141	040	1 940 1941	1942	0
	VA.	Died.	0	1	in 1941	in 1940 in 19 4 2	in 1 940 in 1941	i i i	in ig
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	ă		1936 1937 1938 1940 1940	1937 1938 1940 1942	1938 1939 1940 1941 1942	1940	1941 1942 1943	1941 1942 1942	0
		Died.	2. 2. E. E. E.	E. E. E. E.	B.B.B.B.B.	ii.	E.E.E.	HE EFF	g l
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7 4 5	CAR	Reporting	0 1	6	т 9	63	63	2 01	64
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	0,	Reporting	н	0	0	0	0	0	0 0
			1936 1937 1938	1938 1939 1941	1938 1939 1940 1941 1942	1939 1940 1941 1942	1941	1942	1942 0
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OF CE	Sı	Reporting	I	н	Ŋ	4. g	0	ω <i>'</i>	o ∞
			1937 1938 1939 1940	1943 1938 1938 1941 1942	1938 1939 1940 1941 1941	1940 1941 1942	1940 1941 1942 1943	1942 1943	0
CARCINOMA	11.	Died.	.E.B.B.B.		E.E.E.E.E.	1.11.11	12.12.12.12.12.12.12.12.12.12.12.12.12.1	ini i	% % % % % % % % % % % % % % % % % % %
CAR	STAGE		20 16 16 16	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$ $\begin{bmatrix} 1 \\ 6 \\ 2 \end{bmatrix}$	26 18 18 3 18 18	18 9 13 13	4 4 2 1	2 12 12	~ ∞
	Sı	Reporting		9	∞	6	. 9	64	,
			1936 1937 1938	1937 1938 1940 1941 1943	1939 1942 1943	1 +	1941 1942 1943		43 IO
			in 1936 in 1937 in 1938	in 19 19 19 19 19 19	in 19 19 19 19	2 in 1941	in 1941 in 1942 in 1943	in 1942	2 in 1943 3 0 ·
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_			9	ν;			6		
			pe	ed	: :: :: :: :: :: :: :: :: :: :: :: :: :	pa	ed	pa	pa
		•	treated 1936 w-up	treate 1937 w-up	treate 1938 w-up	treate 1939 v-up	treate 1940 v-up	1941 w-up treat 1942	r-up treat 1943 r-up
			Cases trea 1936 Follow-up	Cases treated 1937 Follow-up	Cases treated 1938 Follow-up	Cases treated 1939 Follow-up	Cases treated 1940 Follow-up	Follow-up Cases treated 1942	Follow-up Cases treated 1943 Follow-up
			Ö É	Ö É	O H	O A	O FI C		40 H

36

DEEP X-RAY THERAPY—Continued.

	Total.	86	K 120	= 141	,	= 121	± 164	77.7	18 28 28	358
FUNCTIONAL UTERINE Hæmorrhage.	Reporting Dismissed.	23 f 13 in 1936 6 in 1937 6 in 1937 3 in 1939 1 in 1939	$ \begin{array}{c} 28 \\ 14 \text{ in 1937} \\ 0 28 \\ 10 \text{ in 1938} \\ 4 \text{ in 1939} \end{array} $	18	o 17 in 1938 1 died	33 1 31 { 10 in 1939 1 21 { 12 in 1940 1 died	$ \begin{array}{c} 82 \\ 46 \text{ in } 1940 \\ 44 \text{ in } 1941 \\ 2 \text{ in } 1942 \end{array} $	159 o 159 { 99 in 1941 60 in 1942	202 0 202 201 in 1942 1 in 1943	275
Pruritus Vulvae.	Reporting Dismissed.	2 o 2 { 1 in 1937	5 o 5{3 in 1937 2 in 1938	9	0 $6\begin{cases} 4 \text{ in } 1938 \\ 2 \text{ in } 1939 \end{cases}$	$0 3 \begin{cases} 2 & \text{in 1939} \\ 1 & \text{in 1940} \end{cases}$	3 0 3 in 1940	$\frac{7}{2 \text{ in 1941}}$	0 - 1 3 in 1942	9 0
FURTHER TREATMENT FOR RECURRENCE OF MALIGNANCY.	Reporting Die	4 o 4 in 1936	4 0 4 in 1938	13	o 13{ 11in 1938 2 in 1939	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c} 22 \\ 4 & 18 \\ 5 & \text{in 1942} \end{array} $	1 10 8 in 1942 2 in 1943	3 o 3{ 1 in 1942	3.0
SARCOMA OF UTERUS.	Reporting Died.	1 0 in 1936	r o rin 1943	H	0 , I	1 0 in 1940	}	2 I iin 1943	1 1	0
VARIOUS.	Reporting	3 x in 1936 o 3 x in 1937 x in 1941	4 0 4 { 3 in 1937 1 in 1938	1	l	1 0 in 1939	6 o 6 { 2 in 1940 4 in 1941	I dismissed	, O I	0
TREAT- MENT DISCON- TINUED	Com- PLETION. Died.	9	ω ·	7	1			1. 1	1	ļ
CARCINOMA OF BREAST.	Reporting Died	0	3 (1 in 1938) o 3 (1 in 1939) I in 1942	-	ì	1 1	1 1	ı o rin 1942	2 I in 1942	5 5
CARCIM- OMA OF VAGINA.	Reporting Died.	1 0 I in 1939	1 1	н	o r o in 1939	1 1	1	1 1	I 0 in 1942	I 0
		Cases treated 1936 Follow-up	Cases treated 1937 Follow-up	Cases treated	Follow-up	Cases treated 1939 Follow-up	Cases treated 1940 Follow-up	Cases treated 1941 Follow-up	Cases treated 1942 Follow-up	Cases treated 1943 Follow-up